

OFFICE OF THE GOVERNOR
GRANTS PROGRAM
CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA, KS 66612-1590
FAX: (785) 291-3204

**PROJECTION OF FINAL EXPENDITURES
DUE OCTOBER 30, 2006**

Name of Subgrantee Organization: _____

Grant Project Number: _____

Name of Individual Completing Form: _____

Phone Number: _____

1. Grant Award Amount (Federal Portion): _____
2. Expenditures Reported First **Three** Quarters:
(Federal Portion) _____
3. Projected **Fourth** Quarter Expenditures: +
(Federal Portion) _____
4. Total Expenditures (Federal Portion): = _____
5. Funds Remaining (Federal Portion): (1 minus 4) _____

Please provide the most accurate information possible. The subgrantee will not be held to these figures if actual 4th quarter expenditures exceed projections. Nor will the subgrantee be penalized in subsequent year if projections reflect funds remaining at the completion of the grant project period.

For Office of the Governor Use
Entered by: _____

Date: _____